

Access Living Limited

Osbourne Road Care Home

Inspection report

204 Osborne Road
London
E7 0PR
Tel: 02082151875

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 11 November 2014 and was announced. The provider was given 16 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. This was the first time this service was inspected since it was registered with the Care Quality Commission (CQC) in November 2013. At this inspection we found some concerns with elements of the care and support provided. You can see what action we told the provider to take at the back of the full version of the report.

The service is a care home providing accommodation for up to four younger adults with learning disabilities that

require personal care. Two people used the service at the time of our inspection. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not correctly recorded and administered and staff had not undertaken training in the safe administration of medicines. The service had not carried out risk assessments for people that used the service. The

Summary of findings

service had safeguarding procedures in place and staff understood their responsibility with regard to safeguarding adults. There were enough staff working at the service.

Staff did not receive appropriate training and supervision to support them to carry out their role. People were able to make decisions for themselves in line with the Mental Capacity Act 2005. The service had not applied for a Deprivation of Liberty (DoLS) authorisation for a person even though it was required. MCA and DoLS are laws protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People were able to choose what they ate and drank and had enough to eat. People had access to health care professionals.

People were treated with respect and dignity by staff and were able to make choices. The service sought to meet people's needs in relation to equality and diversity issues.

Care plans were in place for people and staff had a good understanding of how to meet people's assessed and individual needs. The service had a complaints procedure in place which was accessible to people that used the service.

The service did not have sufficiently robust quality assurance processes in place. People spoke positively about the registered manager. The registered manager told us they did not have enough time to carry out all the tasks required of them which meant some important work was not carried out, such as auditing medication. The service did not notify the CQC of significant events.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Element of the service was not safe. The service did not have effective systems in place to ensure the safe recording and administration of medicines.

Individual risks to people were not always assessed and clear guidance was not always in place for staff to manage and reduce the risks people faced.

Safeguarding and whistleblowing procedures were in place and staff had a good understanding of their responsibility with regard to these issues.

There were enough staff working at the service to keep people safe. Checks were carried out on staff that worked at the service.

Inadequate



Is the service effective?

The service was not effective. Staff did not receive appropriate support through training and supervision to help them carry out their role.

People were able to choose what food they ate and had sufficient to eat and drink

People were supported to access health care professionals as appropriate.

Inadequate



Is the service caring?

The service was caring. Staff treated people with dignity and respect. People were able to make choices about their daily lives. People were supported to communicate their needs.

The service sought to meet people's needs in relation to equality and diversity issues.

Good



Is the service responsive?

The service was responsive. Care plans were in place for people using the service. Staff had a good understanding of people's needs. People were supported to take part in a variety of activities.

The service had a complaints procedure in place and people knew how to make a complaint.

Good



Is the service well-led?

The service was not well-led. A registered manager was in place but they spent only a little time working at the service which meant they did not have enough time to carry out all required tasks.

The service did not notify the CQC of all significant events.

The service did not have sufficiently robust quality assurance and monitoring systems in place.

Inadequate



Osbourne Road Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 November 2014 and was announced. The provider was given 16 hours' notice because the location was a small care home for younger adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by a Care Quality Commission inspector.

Before the inspection we looked at the information we held about the service. This included details of its registration, notifications and any safeguarding referrals. During the inspection we spoke with both people that used the service, a friend of a person that used the service and three staff. The staff we spoke with were the registered manager and two support workers. We observed care that was provided during the course of our inspection. We looked at two sets of care records relating to people that used the service; staff recruitment, training and supervision records for three staff, medication records, minutes of staff meetings and various policies and procedures including the safeguarding adult's procedure and complaints procedure.

Is the service safe?

Our findings

We found people were at risk because the service did not have adequate systems in place to ensure medicines were recorded and administered in a safe manner. Medicines Administration Record (MAR) charts were in place. However, some of these contained very little information. For example, the MAR chart for one medicine only contained details of the time of day it was to be administered. It did not include the name, strength or form of the medicine or the name of the person the medicine was prescribed for. We found MAR charts contained several unexplained gaps in the four week period leading up to the date of our inspection. One person was prescribed a medicine on an 'as required' (PRN) basis. There was no guidance in place for staff about when this was to be administered. This increased the likelihood of it being administered when not required. There were no systems in place for recording the medicines that entered the service and the registered manager told us they were unable to determine the quantity of medicines held in stock.

Staff told us they had not received any training about the administration of medicines since they began working at the service. The registered manager confirmed that the service had not provided medicines training to any staff since it was registered with the CQC. Poor practice with medicines recording and administration increases the risk of errors being made which puts people's welfare and safety at risk. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks to people were not properly managed. At the time of our inspection there were comprehensive risk assessments in place for one of the two people that used the service. These covered risks about being in the community and supporting people with behaviours that challenged the service. They included information about how to manage and reduce the risks.

For the other person living at the service no risk assessments were in place. The person only moved into the service 15 days prior to our inspection and the registered manager told us they had not yet had the time to assess

risk relating to this person's support. However, documentation from a previous care provider had identified risks to this person. Given the nature of these risks the person was at risk through a lack of proper assessment. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living at the service. The service had a safeguarding adult's procedure in place. This made clear their responsibility for reporting any allegations of abuse to the relevant authorities. The registered manager told us there had not been any safeguarding allegations since the service was first registered in November 2013.

Staff told us they had not undertaken any training about safeguarding adults since they began working at the service but that senior staff had discussed the issues with them. The registered manager told us they had identified a lack of staff training as a priority but had not taken any steps to arrange training. Staff demonstrated a good understanding of the different types of abuse, indicators of abuse and their responsibility to report any allegations of abuse. Staff were also aware of their responsibility with regard to whistleblowing and there was a whistleblowing procedure in place.

There were enough staff to meet people's needs. The staffing levels had been determined by the commissioning local authority following an assessment of each person's individual need. We found that staffing levels were provided in line with people's assessed need on the day of our inspection. People told us they had enough staff support. However, the service did not keep a clear record of which staff worked each shift. There was no staff rota in place for the service, only an overall rota which covered three different services run by the same provider. We discussed this with the registered manager who told us they would develop a staff rota for the service.

We checked the staff recruitment records for three staff. We found appropriate checks had been made on staff to help ensure they were suitable to work at the service. Checks included criminal record checks, proof of identity, eligibility to work on the UK and employment references.

Is the service effective?

Our findings

Staff told us they had not received any training since they began working at the service. One staff member told us, “You do your learning as you go along.” No records of any training provided by the provider were available at the service. The registered manager said they thought it was possible that training records were located at another service run by the same provider. It was agreed if such records existed the registered manager would send them to CQC within 48 hours of our inspection, but no training records were sent to us. We saw records of training staff had undertaken before they worked at the service, but this was prior to the registration of the service in November 2013.

The registered manager told us staff had one to one supervision with them every three months. We checked the records for three staff. Records showed one member of staff had received supervision in the past month. However, there was no evidence that the other two staff had received any formal supervision. The manager told us they had not had the time to write up the minutes from supervision meetings. One member of staff told us they had received supervision the week before our inspection but they had not received the minutes from that meeting. Staff were not appropriately supported to carry out their role. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were able to make decisions for themselves in line with the Mental capacity Act 2005 (MCA). MCA is protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager told us that people had the capacity to make decisions for themselves and we found this to be the case. People told us they were able to make decisions for themselves. One person said, “I decide all that myself” when asked about what time they got up and went to bed and what clothes they wore. Another person told us, “I have

my own independence. I can go out when I like. I can cook my own food.” We observed people making decisions for themselves during the course of our inspection. For example, one person had an opticians appointment but decided they did not want to attend this. Although staff advised the person of the benefits of attending the appointment their decision was respected. We observed another person tell staff they wanted to eat out at lunchtime and staff facilitated this.

People told us they liked the food at the service and they were able to choose what they ate and drank. One person said, “I buy it [food] out of my own money and staff help me with cooking.” Another person told us they liked to do all their own cooking. We saw this was detailed in their care plan. We observed the person preparing their lunch on the day of our visit. They told us they cooked whatever they liked. Records of menus showed people were supported to eat healthy foods and care plans included information about supporting people to eat a balanced diet. People did not require any support with eating and drinking. People told us they had enough to eat and drink and we saw people were able to help themselves to drinks and snacks during the course of our inspection.

People told us the service supported them with medical appointments. One person said, “I’ve got an appointment today for my eyes.” We observed that staff supported the person to attend the appointment. Records were kept of medical appointment which included details of any follow up action required. These showed people had access to various health care professionals as appropriate, including GP’s, opticians, consultant psychiatrists and dentists. A Health Action Plan was in place for one person. This included information about how to support the person to lead a healthy lifestyle, for example through regular exercise and a healthy diet. There was no Health Action Plan in place for the person that moved into the service 15 days prior to our inspection but the manager told us they would ensure one was developed.

Is the service caring?

Our findings

People spoke positively about the staff that worked with them. Comments included, "I like X [support worker on duty], she is nice." "Staff treat me all right" and "Staff are really nice." People told us staff supported them to make choices and respected their independence. One person said "I've got a lot of control over what I do."

Staff had a good understanding of people's needs. Care plans contained information about people's life histories and staff were familiar with these. This meant staff were better able to understand people's situation and needs. Care plans also included information about people's likes and dislikes and staff told us how this helped them to support people. For example, when planning activities or menus with people.

The registered manager told us the service sought to meet people's needs with regard to equality and diversity issues. They told us this was in part through people's culture and people were supported to buy music and films that reflected their culture. Staff told us that one person liked to go to church but sometimes chose not to go. The person confirmed this saying, "Sometimes I go to church, but sometimes I don't want to go." They said staff supported them to go to church when they wanted to go. Menu records showed food offered reflected people's ethnicity.

We saw that people's privacy was promoted. Each person had their own bedroom and one person told us they had

their own bedroom key. People had their own telephones which meant they were able to speak with friends in private when they wished. We spoke with the partner of one person who was visiting the service at the time of our visit. They told us they were welcomed by staff and treated with respect and that staff respected their right to privacy.

We observed staff interacting with people in a caring manner. Staff were polite and friendly when engaging with people. When people asked staff questions about the day's activities and appointments staff answered questions and explained what was happening in a patient manner. We observed staff initiating interaction with people. For example, we saw staff starting a conversation with a person about music and clothing. We noted the person appeared to enjoy the conversation. Staff told us how they promoted people's dignity. For example, they knocked on doors before entering bedrooms. One member of staff told us, "I talk to people as adults, not children."

Both people that used the service were able to communicate clearly in spoken English. The registered manager told us they used pictures to help one person understand written documents. This was confirmed by the person who showed us their activity plan which was in pictorial form. They talked us through the plan and demonstrated they understood which activities they had through the plan. This helped to meet the person's needs in relation to communication.

Is the service responsive?

Our findings

People told us they were happy with the support they received from the service. One person said, “I like it here. There is nothing wrong with the place.” Another person said, “Staff help me if I need anything.”

Care plans were in place for both people that used the service at the time of our inspection. These included an initial assessment of needs. The registered manager told us that carrying out the assessment involved speaking with the person and their family to help gain a full picture of their support needs. This was to determine if the service was able to meet people’s needs.

One person had lived at the service since it was first registered with CQC in November 2013. We found their care plan was personalised providing information about their individual and assessed needs. Parts of the care plan had been produced in a pictorial format to make it more accessible to the person and they had signed the care plan which indicated their agreement and involvement with it. The care plan included needs about self-care, community living skills and communication. The plan also included information about what was important to the person and what people liked and admired about them. This showed the service was seeking to meet the person’s needs in a personalised manner. We found that the care plan was subject to regular review.

The other person using the service only moved into the service 15 days prior to our inspection. We found a care plan was in place but this just contained the goals for the person with little information about how to meet those goals. For example, the care plan said that to help develop the person’s independence they were to manage their own

money and they needed “a budget plan with clear directions on how to use my money.” We found that no budget plan had been developed at the time of our inspection. Although the person was able to access their money they did not have the support in place to help manage their finances they needed. The registered manager told us they had not yet had the time to fully develop the care plan for this person.

We found that care plans reflected the actual support provided to people. For example, one person told us, “I go to the social club on Wednesday nights” and “I like going on buses.” Both of these activities were reflected in their care plan. Staff told us they had read people’s care plans and they had a good understanding of their content.

The registered manager told us the service supported people to take part in a variety of activities. These included attending local festivals, day services, gardening and social outings. One person had been on holiday earlier this year and the registered manager said they were able to choose where they went. People confirmed that they took part in a variety of activities which they chose and enjoyed.

People told us they would talk to the registered manager if they had any complaints. One person said, “The manager would sort it out if there was a problem.” The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. A pictorial version of the complaints procedure was on display in the communal area of the home which helped to make it accessible to people. Staff were aware of their responsibility to report any complaints. The registered manager told us no complaints had been received since the service was registered with CQC.

Is the service well-led?

Our findings

Before we inspected this service we looked at the information we held about it. We noted that the service had not submitted any notifications to CQC since it was first registered with CQC in November 2013. During our inspection we discussed this with the registered manager who told us there had not been any significant events that warranted a notification to CQC. However, they told us that on two occasions the service had notified the police of incidents relating to people that used the service. The CQC was not notified of these incidents. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had some systems in place for quality assurance and monitoring but these were not sufficiently robust to ensure a good standard of care and support was provided. The registered manager told us the service did not issue surveys to people, relatives, staff or other stakeholders. They said they did not have residents meetings because until very recently there had only been one person living at the service. They told us people were supposed to have a monthly meeting with their keyworker which gave them the opportunity to discuss the service. However, there was no evidence that any such meetings had been held since the service was registered with the CQC. We did find that care plan review meetings were held every six months which gave people the opportunity to discuss their care. One person told us of their care plan review meeting, "I talk about what I do here and stuff in meetings."

Staff told us that the service had monthly staff meetings and we saw minutes which confirmed this. However, we found meetings were not always an effective vehicle for change. For example, at the staff meeting in October 2014

staff had requested a staff rota to be produced so they knew when they were on shift and who was supposed to be taking over from them at the end of their shift. This had not been implemented.

The provider carried out an audit of people's finances and the service carried out a fortnightly health and safety check which included checking COSHH products were stored securely and that fire doors closed properly. The registered manager told us they carried out an audit of health and safety checks but there was no evidence of this. We also found the service did not carry out any audits of its medication. The registered manager did tell us they the carried out an audit of staff files and as a result discovered that criminal record checks had not been sought in all cases. They said they were able to rectify this and records confirmed this. Poor quality assurance and monitoring processes meant the service was not able to identify shortfalls or take steps to change and improve service provision. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager in place. The registered manager told us they did not have enough time to do all tasks that were required of them, such as writing up records of supervision and developing care plans and risk assessments and checking medication records. They told us they only spent one or two days a week working at the service as they had commitments at other services owned by the same provider. As the registered manager shares the legal responsibility for the running of the service with the provider they must have sufficient time to carry out their duties to ensure the service is well-led.

People that used the service and staff told us the manager was approachable. One person told us, "She [registered manager] is all right, she is nice." A member of staff described the registered manager as, "a fantastic woman."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used services and others were not protected against the risks associated with unsafe recording and administration of medication. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People's risks were not assessed and plans had not been put in place to manage those risks. Regulation 9 (1) (a) (b) (i) (ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Staff did not have access to appropriate training and supervision. Regulation 23 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The service was not notifying the Care Quality Commission of incidents that were reported to the police. Regulation 20

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Effective systems were not in place to monitor the quality and safety of service provided. Regulation 10 (1) (a) (b)